



HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY UTILIZATION REPORT INSTRUCTIONS

Please complete the pages checked if you provide the following:

	BEDS			EQUIPMENT/SERVICES															
Page No.	Acute Care	Long Term Care	Other Special Care	MRI	Computed Tomography	General Radiology	Ultrasound Equipment	Nuclear Medicine Equipment	Angiography	Mammography	Positron Emission Tomography (PET)	Lithotripsy Unit	Gamma Knife	Radiation Therapy	Hemo dialysis	Cardiac Catheterization	Open Heart Surgery	Operating Rooms	Page No.
1	✓	✓	✓																1
2	✓	✓	✓																2
3	✓	✓																	3
4					✓	✓	✓	✓	✓	✓	✓	✓	✓						4
5														✓					5
6															✓	✓	✓	✓	6
7,8				✓															7,8

YOU CAN REPORT YOUR INFORMATION TO US BY:

1. Emailing to: survey@shpda.org , or
2. Faxing to: 587-0783, or
3. Snail Mail to:

SHPDA Utilization Survey
Hawaii State Health Planning & Development Agency
1177 Alakea St. #402
Honolulu, HI 96813

QUESTIONS: Phone: 587-0852 Kenneth Yoshida, Research Statistician, or
Email: survey@shpda.org

Additional copies of forms/instructions are available at: www.hawaii.gov/health/shpda/shusurve.htm

The list of terms below are provided for your reference.

Total Certificate Approved Beds are the total Certificate of Need beds approved by SHPDA on the last day of the reporting period.

Total Licensed Beds are the total number of beds authorized by the Medicare Section of the Office of Health Care Assurance of the Hawaii State Department of Health on the last day of the reporting period.

Total Staffed Beds are the total number of beds on the last day of the reporting period which were regularly maintained, or set up and staffed ready for use.

Reason(s) for Not Staffing or Setting Up is/are the reason(s) for not staffing or setting up all of your bed(s). Column D should be completed only if Column C (Total Staffed Beds) is less than Column B (Total Licensed Beds).

Total Inpatient Days are the total number of inpatient days for the reporting period.

Total Admissions are the total number of admissions for the reporting period.

SNF, ICF or SNF/ICF are the number of wait listed patients, on the last day of the reporting period, ready to discharge but unable to place in a SNF, ICF or SNF/ICF facility.

Care Homes & Alternatives are the number of wait listed patients, on the last day of the reporting period, ready to discharge but unable to place in a care home, such as a Nursing Home Without Walls (NHWW), Project Malama, etc.

Home Health, Day Hospital, Day Care are the number of wait listed patients, on the last day of the reporting period, ready to discharge but unable to place in a Home Health Agency, Day Hospital or Day Care Agency.

Other are the number of wait listed patients, on the last day of the reporting period, other than those mentioned in Column A through Column C. Please specify what "Other" means.

Total is the sum of Column A plus Column B plus Column C plus Column D.